

**PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING, DELIVERED WOMEN**  
**HIGH RISK.....No**

**RISK DESCRIPTION:**

The cut-off values are listed in the table below:

<b>Category</b>	<b>Cut-Off Value</b>
Pregnant	Prepregnancy BMI < 18.5
Delivered	Prepregnancy <b>or</b> Current BMI < 18.5
Breastfeeding and <6 months postpartum	Prepregnancy <b>or</b> Current BMI < 18.5
Breastfeeding and ≥ 6 months postpartum	Current BMI < 18.5

Notes: Until research supports the use of different BMI cut-offs to determine weight status categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age.

Weight during the early postpartum period, when most WIC certifications occur, is very unstable. Therefore, prepregnancy weight is a better indicator of weight status than postpartum weight in the first 6 months after delivery. The one exception is the woman with a current BMI of <18.5 during the immediate 6 months after delivery. Underweight at this stage may indicate inadequate weight gain during pregnancy, depression, and eating disorder or disease; any of which need to be addressed.

**ASK ABOUT:**

- Weight history
- Physical activity level
- Appetite and typical intake pattern
- Medical conditions (including depression, history of disordered eating or chronic dieting, severe dental caries), medications that may affect appetite, and recent illnesses
- Access to prenatal and/or postpartum care and whether she has been keeping her appointments
- Household and family environment including financial and emotional stresses, attitude and acceptance about the pregnancy, domestic abuse or assault from partner
- Smoking and other substance use or abuse
- Food security status of household
- Knowledge and attitude regarding current weight and weight gain

Revised January 2011

Developed October 2010 by the Iowa WIC Program

## **NUTRITION COUNSELING/EDUCATION TOPICS:**

- Pregnant Women:
  - Underweight women who become pregnant are at a higher risk for delivery of low birth weight (LBW) infants, retarded fetal growth, and perinatal mortality.
  - Prepregnancy underweight is also associated with a higher incidence of various pregnancy complications, such as antepartum hemorrhage, premature rupture of membranes, anemia, endometriosis, and cesarean delivery.
  - Review overall weight gain goal and discuss her current weight gain as it relates to the goal.
  - Explain that an adequate weight is an important factor in having a healthy baby.
- Breastfeeding and Delivered Women:
  - If she is breastfeeding, being underweight may negatively impact her own nutritional status.
  - Discuss a healthy weight-range goal for her height.
  - Explain that gaining weight and eating healthy foods can help her feel better, reduce fatigue and irritability, and decrease her risk for infection. This will also help her care for her new baby.
- All Women:
  - Review the basics of a healthy diet using MyPyramid as a guide. Make appropriate suggestions based on her typical eating pattern such as:
    - Eat an adequate number of servings and amounts from each group (aiming for the higher end of the range of recommended servings or amounts).
    - Include some calorie-dense foods in the diet.
    - Strategies to increase the caloric density of the diet including adding nuts, dried fruit, dry milk powder, grated cheese and other ingredients.
    - Replace calorie-free foods with nutrient-dense food choices that provide calories.
    - Eat small meals and often (five or six smaller meals rather than two or three large meals).
    - For some women, drinking whole milk may be an appropriate recommendation. (Whole milk cannot be issued by WIC unless it is issued with formula/medical foods.)
  - Suggest moderate exercise/activity to help increase her appetite and intake (with physician's approval).

## **POSSIBLE REFERRALS:**

- If she is not receiving prenatal care or routine postpartum care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>), or the local public health department.

### **POSSIBLE REFERRALS (CON'T):**

- If access to sufficient food is a concern, refer her to other community resources for food assistance.
- If oral health status is affecting her ability to consume an adequate diet, refer her to a local dental office or the local public health department (public health hygienists) for additional screening and referral services. More information about oral health services in ND can be found at <http://www.ndhealth.gov/oralhealth/>.
- If she appears to be depressed or the household and family situation is so stressful that it affects her ability to care for herself and make appropriate feeding decisions, refer her to the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>) or a social services agency.
- If she reports domestic violence or assault, refer her to community resources for help and assistance in securing a safe place to live.
- If substance use or abuse is a concern, refer her to community resources and treatment centers.